



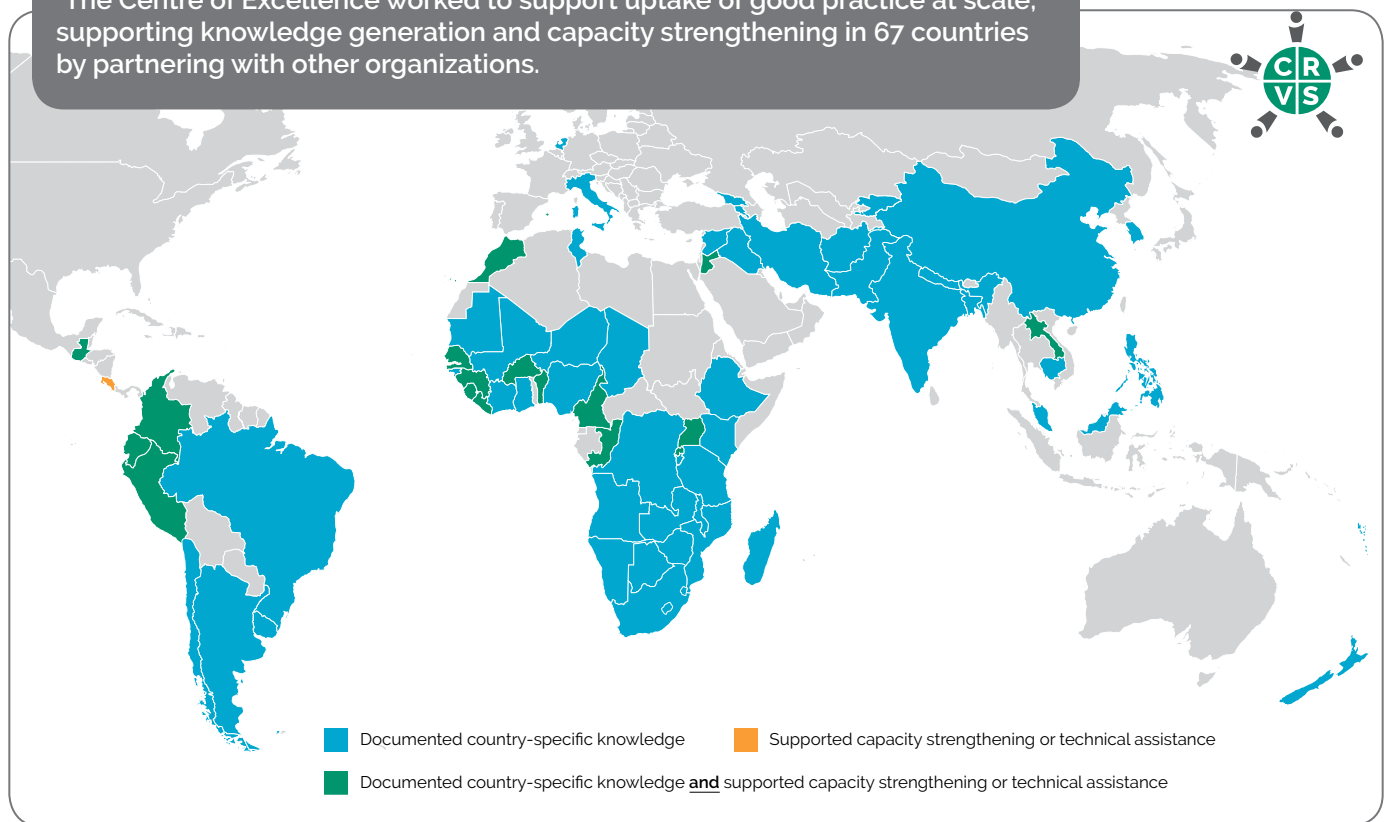
CENTRE OF EXCELLENCE
for CRVS Systems

LE CENTRE D'EXCELLENCE
sur les systèmes ESEC

Building knowledge, strengthening capacities and improving CRVS systems

Established in 2015 with funding from Global Affairs Canada and the International Development Research Centre (IDRC), the Centre of Excellence for Civil Registration and Vital Statistics (CRVS) Systems established itself as a neutral convenor with a holistic approach to CRVS that was nimble, responsive, and innovative, and as a credible hub for CRVS research.¹

The Centre of Excellence worked to support uptake of good practice at scale, supporting knowledge generation and capacity strengthening in 67 countries by partnering with other organizations.



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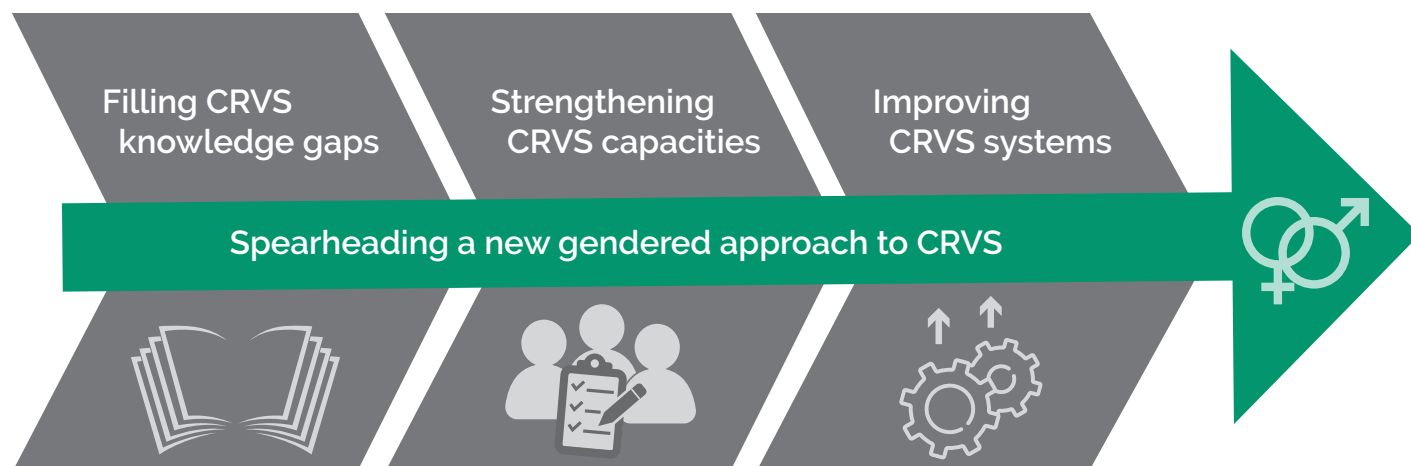
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Our work contributed to advancing the CRVS field by:



Marriage registration

Marriage registration has historically been under-prioritized and under-researched within CRVS. The Centre of Excellence was a strong advocate for the importance of marriage registration for women's rights. As a result of our partnership with the United Nations Population Fund (UNFPA), questions on marriage registration were added to the world's most widely trusted survey – the **Demographic and Health Survey (DHS-8)**. This is being administered in 120 countries and will provide the first ever comprehensive, comparable global picture of how many women are in legally protected relationships.

The Centre of Excellence's partnership with UNFPA resulted in guidance to countries conducting a census in the 2020 round to introduce questions regarding marriage registration and ownership of marriage certificates for countries.

In **Senegal**, we collaborated with UNFPA to provide technical support to the National Statistical Office, which resulted in national statistics on marriage registration being used in national plans to combat child marriage.

Spearheading a gendered approach to CRVS

The Centre of Excellence brought gender to the forefront of CRVS on global, regional, and national agendas. Our **two international conferences on gender** and our **gender brief knowledge series** identified how women and children remain hidden and invisible, resulting in heavy intergenerational costs, when CRVS systems are gender blind. We demonstrated how to transform systems to capture sex-based differences and how to use this data for decision-making. To do so, we engaged at both multilateral and country levels.

At the multilateral level, we engaged with the United Nations System to embrace gender as a top priority on the global CRVS agenda:

- The Centre of Excellence supported the **UN Economic and Social Commission for Asia and the Pacific** to build a gendered approach to CRVS and initiated work in the region around the topic. The Regional Commission is currently seeking endorsement from Ministers responsible for civil registration to prioritize gender.
- The Centre of Excellence supported the **UN Economic Commission for Africa (UNECA)** to prioritize gender. As a result, the 2019 declaration of African Ministers responsible for Civil Registration recognized the importance of gender data, protection of women, and registration of children born to single parents.
- **UN Women** approached the Centre of Excellence in late 2019 to contribute to identifying gender indicators for CRVS systems.

At the national level, the Centre of Excellence's work on gender and CRVS also helped authorities use civil registration data to address health concerns. For example, through a partnership with UNFPA, the Centre of Excellence assisted **Costa Rica, Ecuador, Guatemala, Peru, and Uruguay** to improve their CRVS systems. As a result, these governments are now starting to use this data in policies and programs to reduce adolescent pregnancies.

The impact that the Centre of Excellence has made in relation to gender cut through three other key areas: filling knowledge gaps, strengthening capacities, and improving CRVS.

Filling knowledge gaps on CRVS

The Centre of Excellence became the global “go-to” place for research and documentation on CRVS and of good practices implemented in various countries. The Centre of Excellence's twin mandate of country support and global thought leadership created powerful synergies as national practices were turned into global knowledge and vice-versa. Documenting country perspectives contributed to developing a more nuanced understanding of CRVS issues, which was used by governments and partners alike.

In addition to our work on gender (mentioned above), we developed evidence on **CRVS and identity management**; **CRVS and social protection**; **CRVS in conflicts, emergencies and fragile settings**; **demand-side factors in registration**; **CRVS and COVID-19** and supported the production of vital statistics from incomplete data registration. See our **catalogue** for a full list of the knowledge products that we produced and disseminated.

By generating evidence, convening key stakeholders, and developing training materials, the Centre of Excellence contributed to improving knowledge and fostering debates among CRVS practitioners, as well as filling previous gaps in the field. This in turn contributed to strengthening capacities and ultimately had a positive influence on CRVS systems in low- and middle- income countries.

Strengthening CRVS capacities

We provided direct and indirect technical support to strengthen CRVS systems in 20 countries in Africa, Asia, and Latin America. With no higher-level certified training on CRVS available in the world, practitioners come to CRVS from different backgrounds and fields of expertise. We supported:

- a **fellowship program** that nurtured a cohort of CRVS experts;
- a **professional program** that supported 14 countries to produce vital statistics with incomplete data from the civil registration systems;
- in-person training workshops for country-level CRVS managers;
- eLearning courses targeting CRVS managers at the country level; and
- the development of Master's degree program on civil registration.

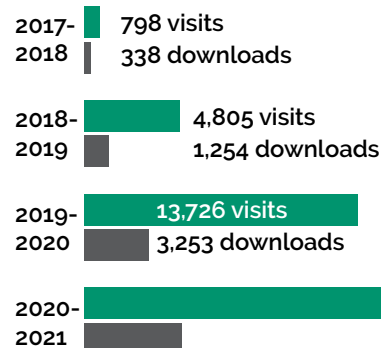
The first place I would go for information on CRVS would be the Centre of Excellence.

– Regional-global stakeholder¹

[Due to the Centre of Excellence] we are now collecting more refined information, for example the age of the mother This allows us to see if a young girl becomes a mother very young. We have this information, and we can take action Many of our citizens are displaced due to war. These individuals have no identity once they leave their region. They have no documents. This will not be the case in the future.

– National CRVS implementer¹

A growing demand for the Centre of Excellence's resources



Following a workshop supported with UNECA, 15 countries developed roadmaps aiming to rollout the standard International Statistical Classification of Diseases and Related Health Problems 10th Revision in their contexts. Developing the eLearning courses in partnership with other organizations supports their continued promotion in years to come. Already, the [World Bank's CRVS eLearning course](#), that we provided technical assistance for, has been completed by more than **4,400 learners in 137 countries** since 2017.

Improving CRVS systems

The Centre of Excellence supported countries in making improvements to their policies, protocols, and practices. We also assisted with improvements to the regional and global guidance on CRVS systems.

The Centre of Excellence's direct support to **Cameroon, Guinea, and Senegal** in developing the CRVS component of the Reproductive, Maternal, Newborn, Child and Adolescent Health Investment Case contributed to Cameroon and Guinea leveraging resources for their plans and strengthening their CRVS systems. This resulted in increased consensus on best practices and priorities for improvement. It also led to reorienting their national CRVS systems to adopt a life course approach to CRVS rather than a routine, siloed approach. Going forward, national plans are better able to protect and count everyone through the life-course, across geographies, and by age and sex, and use disaggregated granular data for health systems strengthening.

Through support from the Centre of Excellence, **Bolivia, Brazil, Colombia, Honduras, Nicaragua, Paraguay, Peru, and Venezuela**, for the first time ever, are being readied to apply census questions to measure birth and death registration completeness. The Centre of Excellence supported **Morocco** in developing the country's first Vital Statistics Report in 18 years.

The Centre of Excellence leaves a lasting legacy:

- A vast body of knowledge on the many dimensions of civil registration and vital statistics, including gender;
- A group of professionals, from data scientists to statisticians, who now have the training and knowledge to advance the global agenda of leaving no one behind; and
- Partnerships that have nurtured growth in the field of CRVS and advanced systems strengthening in low- and middle-income countries.

Supporting countries in addressing COVID-19

In 2017, the Centre of Excellence supported a network of Registrars General in Africa. This information sharing platform made it easier for UNECA to work with Registrars General on pandemic mitigation measures and to document and share country best practices. The results of a survey supported by the Centre of Excellence led to [recommendations](#) to African governments on how to maintain continuity in registering births and deaths and producing vital statistics during the pandemic.

- **Angola, Eswatini, Ghana, Guinea-Bissau, and Nigeria** had initially shut down parts of their civil registration during the pandemic. They reversed their decisions, declaring civil registration an essential service during national lockdowns, as a result of a collaboration between the Centre of Excellence and UNECA.
- For the first time, **Kenya, Rwanda, and Zambia** were able to report on death registrations during COVID-19 because of the Centre of Excellence's support through UNECA to implement the WHO's Rapid Mortality Surveillance System during the pandemic.

The Centre of Excellence also established a working group that produced evidence on how to calculate excess mortality during the pandemic in Latin America. We also documented good CRVS practices by New Zealand and South Korea; both are models for other countries.